



City of Ann Arbor  
Parks & Recreation  
Summer Day Camps



Authorization for the Administration of Medicines by City of Ann Arbor, Parks & Recreation Personnel

Complete and return this document to the Camp Location on the first day of camp.

Child's Name: \_\_\_\_\_ Camp Location: \_\_\_\_\_ Session: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Name of Prescribing Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Drug: \_\_\_\_\_ Dose: \_\_\_\_\_

Time of administration \_\_\_\_\_ Other information \_\_\_\_\_

Name of Drug: \_\_\_\_\_ Dose: \_\_\_\_\_

Time of administration \_\_\_\_\_ Other information \_\_\_\_\_

Name of Drug: \_\_\_\_\_ Dose: \_\_\_\_\_

Time of administration \_\_\_\_\_ Other information \_\_\_\_\_

I hereby request that my child be administered the above listed medication(s) by the City of Ann Arbor Parks Department staff. I understand the medication will be administered as directed above and changes in administration will not be made without written authorization.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Parks & Recreation Staff Use:**

Dosage: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_ Staff: \_\_\_\_\_

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